



South Florida Water Management District SPECIAL USE APPLICATION AND LICENSE

(To be completed by Applicant)

Applicant's Name			
Vehicle License Number			
Drivers License Number			
Street Address			
City, State, Zip			
Telephone Number (including area code)			
Request permission to enter the			
Management Area for the purpose of			
Date(s)	From:	To:	
Name of other participating in this activity (if more than one or a group):			

(for District use only)

Number in party	
License issued on	
License effective on	
License void on	
Lock combination	

Signature of Authorizing District Official

Name

Title